

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

11201

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. Enroute to City Hospital #1 St. .... Ward)

File No. ....  
 Registered No. 2252

**2. FULL NAME** Martin Herman Zakrzewski

(a) Residence, No. 1609 1/2 So. 13th St., 23 Ward.  
 (Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. 8 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF Elsie Zak  
 (or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
46 8 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Missouri

13. NAME Herman Zakrzewski

14. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Louise Franz

16. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Missouri

17. INFORMANT Elsie Zakrzewska  
 (ADDRESS) 1609 So. 13th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Peter's DATE Mar 8 1933

19. UNDERTAKER A. W. McLaughlin  
 (ADDRESS) 1831 Madison Ave

20. FILED 5-7-1933 Registrar.

*No Physician in Attendance*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset

930 930  
 Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify.....

(Signed) Norval J. Pugh M.D.  
 (Address) St. Louis, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

